PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

ndicated unless correcte naintenance fee notificat		erwise in Block 1, by (a	a) specifying a new corre					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
75074	7590 10/24					0 1 7 11 m		
NOVARTIS IN 400 TECHNOLO CAMBRIDGE, I	NSTITUTES FOR OGY SQUARE MA 02139	BIOMEDICAL R	ESEARCH, INC be Stat add trar	ereby certify that the tes Postal Service we be to the Mail dismitted to the USP	is Fee(s) vith suffic Stop IS FO (571)	Transmittal is being the postage for first SUE FEE address a 273-2885, on the day	deposited with the United class mail in an envelope bove, or being facsimile te indicated below.	
							(Depositor's name)	
							(Signature)	
			L		,		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/576,972 04/25/2006			Wolfgang Froestl		33508-US-PCT			
TTLE OF INVENTION	: PHOSPHINIC ACID I	DERIVATIVES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/26/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS]				
DAVIS, ZINNA NORTHINGTON		1625	514-345000					
. Change of correspondence address or indication of "Fee Address" (37 IR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			THE PATENT (print or ty	• '				
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	oatent. If an assigne assignment.	ee is iden	ntified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
NOWARTIS AG Basel, SWITZERLAND								
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🗡 Co	rporation	or other private grou	p entity 🚨 Government	
a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0241 (enclose an extra copy of this form).					
	tus (from status indicated s SMALL ENTITY state		b. Applicant is no lor					
OTE: The Issue Fee an	d Publication Fee (if req		d from anyone other than	<u> </u>				
Authorized Signature				_{Date} Jan	uary	22, 2009		
Typed or printed name Paul D. Strain				Registration No. 47,369				
his collection of inform n application. Confiden	ation is required by 37 C	FR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or 1.14. This collection is es	retain a benefit by the	ne public	which is to file (and complete, including	by the USPTO to process) gathering, preparing, and	

an application. Confidentially is governed by 53 U.S.C. 122 and 37 CFR 174. This confection is estimated to take 12 inhibits to complete submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.